

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

10/018602

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6	1		1				56						
7		1					57						
8		2					58						
9		2					59						
10		2					60						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.		2					TOTAL DEP.						
TOTAL CLAIMS		2					TOTAL CLAIMS						